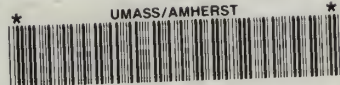


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Designing and Implementing a School Reporting Protocol

A HOW-TO MANUAL
FOR MASSACHUSETTS EDUCATORS

by Dr. Cynthia Crosson-Tower

GOVERNMENT DOCUMENTS
COLLECTION

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Children's Trust Fund



Strengthening Families * Preventing Child Abuse

294 Washington Street, Suite 640

Boston, MA 02108

617-727-8957 or 1-888-775-4KIDS

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APPENDIX

The following table shows the results of the experiments conducted on the effect of the concentration of the solution on the rate of reaction. The concentration of the solution was varied from 0.1 M to 0.5 M, and the rate of reaction was measured by the time taken for the reaction to complete. The results show that the rate of reaction increases with increasing concentration of the solution.

Concentration of Solution (M)	Time taken for reaction to complete (s)
0.1	120
0.2	60
0.3	40
0.4	30
0.5	20

The results of the experiments show that the rate of reaction is inversely proportional to the time taken for the reaction to complete. This is because the rate of reaction is defined as the change in concentration of the reactants or products per unit time. Therefore, the rate of reaction is higher when the time taken for the reaction to complete is lower.

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DESIGNING A SCHOOL PROTOCOL

The life of an educator today is not an easy one. Gone are the days when educating students was a relatively uncomplicated task. Now, we must remember that students are from diverse cultural backgrounds, that they may have varied learning styles, and that they may be facing a multitude of problems at home. In addition, we are encountering discipline problems which are unprecedented. Amidst this atmosphere, educators know they must recognize and report situations where children are being abused or neglected. Chapter 119, Section 51A of the Massachusetts General Laws requires that educational personnel must report child abuse and neglect when in their

... professional capacity shall have reasonable cause to believe that a child under the age of 18 years is suffering physical or emotional injury resulting from abuse inflicted upon him which causes harm or substantial risk of harm to the child's health or welfare including sexual abuse, or from neglect, including malnutrition, or who is determined to be physically dependent upon an addictive drug at birth. (Mass. General Laws) See Appendix for complete law.

But there is an "up side" to dealing with child abuse and neglect. The positive is composed of several facts. First, indicators of child abuse and neglect can be identified and educators can learn to recognize them. Teachers and other school support people who have taken courses or had training in child maltreatment will tell you they now have more confidence in their ability to identify the symptoms of maltreatment and feel better able to help children whom they would not have known how to help prior to their course work. Secondly, an educator need not be alone in the process of identifying and reporting suspected child abuse or neglect. Peers within the school setting can be invaluable in their support. And finally, children who are helped by a concerned educator can benefit from the intervention in a variety of ways. Let me give you an example:

Eight-year-old Alana came to her third grade year looking depressed and disheveled. The teacher remembered seeing her on the playground the previous year and hardly recognized the child who had once been full of smiles and cheer. "We assume that it is because her mother remarried six months ago and all is not going well," reported the principal. Alana's teacher considered calling in the mother when she began to notice other things about Alana. Not only did the child seem depressed, but she was very tired and seemed unable to concentrate. She often fidgeted in her seat as if she was experiencing discomfort. And at the slightest provocation, she would break into tears. When Alana began displaying an unusually mature knowledge of sexuality in her drawings, the teacher decided that it was time to report. The facts were mounting to suggest that Alana was being sexually abused. An investigation uncovered the fact that her stepfather's adolescent son, who came to live with them when his father married Alana's mother, was sexually abusing Alana. He had abused before, and the father finally recognized that it was time to get him some help. The family was supportive of Alana, and she too received counseling. The difference in the child was soon noticeable as the magnitude of the secret she had carried was being dealt with. She became more like the child she had been; happy and a good student.

An unusual story, you say? Not at all. Every year concerned educators' caring and prompt intervention enable children to receive the help they need. But how does one ensure that children are identified so that they can get the help they need? It is to this very question that this publication is directed. With an effective protocol, schools can help to ensure that their intervention in child maltreatment situations reflects the best interests of the child.

WHY DO WE NEED A PROTOCOL?

The purpose of a child abuse and neglect protocol is to guide one's involvement in the intervention process, and teachers and other educators should be involved in this process for three key reasons:

First, the effects of abuse and neglect on children are as much a detriment to learning as is any other type of learning disability. As educators, it is our job to address issues which impede a child's ability to learn. Therefore, does it not stand to reason that we should help to remove the barriers created by an abusive or neglectful home?

Secondly, the teacher is one of the most significant people in a child's life; in many cases, second only to the parent. If it is the parent who is abusing or neglecting the child, that child needs the teacher as an ally, someone he/she can trust and go to for help. This is especially true for elementary age children who develop strong ties with their one teacher. But even middle and high school age students will often establish a relationship with a particular teacher or counselor whom they trust and to whom they feel they can turn when in crisis.

And finally, in every state, educators are mandated by law to report suspected child abuse and neglect. Although each state has a different set of regulations and laws regarding child maltreatment, educators are mandated reporters in every one (Tower, 1987).

But why do we need a protocol for reporting, you may ask. A protocol is, in a sense, an investment—an investment in a rational, thorough, caring and fair handling of each and every child maltreatment situation. When child abuse or neglect is suspected, it is often due to a crisis. Or, when a child discloses or when an educator decides that it is now time to report, it may feel like a crisis. The events that follow may take place in quick succession with little time to think.

Consider the following situation:

Jon Forrest was the type of teacher whom children sought out when they wanted to talk. Warm, caring, and concerned, Jon valued his middle school teaching and coaching activities because he valued the children with whom he worked. At the end of one school day, Jon was cleaning up his classroom with one eye on the clock. He had ten minutes to get to baseball practice. At first, when 12-year-old Kevin stole quietly into the room, Jon hardly noticed him. When he did realize that the youth was sitting in one of the back seats, it was obvious that there was something wrong. "What's up, Kev?" Jon quipped. With a somber expression Kevin responded, "Mr. F., we've got to talk." What followed was Kevin's account of his physical abuse by his father. Rolling up his sleeves, he showed Jon the welts and bruises from the latest beating. Now Kevin was afraid to go home and begged Mr. F. to "Take me home with you." Jon had never encountered this before. What should he do? Whom should he tell? What would he do about baseball practice?

What Jon did was to cancel practice and attempt to figure out how to proceed next. Since most of the administrative staff had left the school, he did not know where to turn. He wasn't even sure what agency he should call to report. He had Kevin sit with him while he tried to figure out exactly how he should proceed. Several hours later, but before Jon had solved the problem, Kevin's irate father, discovering that his son had not returned home, stormed into the school. He had obviously been drinking and berated Jon before he took his son away with him. Kevin never returned to that school.

A well thought-out protocol is invaluable in enabling the educator to handle a crisis situation quickly and effectively, and would have gone a long way to make this situation better for both the teacher and the child.

When faced with the reporting of child abuse and neglect, it is not uncommon for the educator to feel vulnerable. We often question whether the situation was as bad as we believed it to be. Were these symptoms really indicative of child abuse or neglect? If I report, educators speculate, "will I get the reputation for being someone who tries to make trouble?" **Having a protocol provides an educator with support.** Not only must one consult with other professionals and benefit from their expertise, but having a protocol also makes one feel less alone in his/her suspicion that this is abuse or neglect. The supported person feels less vulnerable.

According to state law, the educator who reports in good faith cannot be held liable for doing so. (See "Massachusetts General Laws, Chapter 119, Section 51A" in Appendix.) Yet some educators have expressed a fear about being legally vulnerable. **A protocol provides not only a record of the procedure to ensure accountability, but also provides a sense of protection for the reporter.** Knowing that you are mandated to report and that you have followed the expected procedure gives further support and assurance that you are not alone.

If you have recognized that a protocol is essential, the enclosed material will enable you to develop one which is tailored to your particular school. Not all schools are alike. Each school has a different population and, therefore, different needs. **It is important that you design a protocol that fits your needs, and not simply adopt one from another school.**

Perhaps you already have a protocol for reporting suspected child abuse and neglect. This booklet will enable you to review and perhaps fine-tune your protocol. (See "Assessing Your Protocol" in Appendix.) Or you may discover after reading this material that you have a superior protocol. You should then feel confident in the knowledge that you are intervening in the lives of children who are much in need of your help.

CONSIDERATIONS BEFORE GETTING STARTED

As you consider designing a protocol to meet your school's needs, it is important to assess exactly what those needs are. Here are a few suggestions:

1) What staff do we have to do what? It is often good to have someone in the key role of reporter—the person to whom children and staff come to talk about the suspected abusive or neglectful situation. In this day of cutbacks, not all schools have the same support staff. For example, while some protocols have stipulated that cases of maltreatment should be reported to and the child examined by the

school nurse, other schools do not have a full-time nurse. If the nurse does have a pivotal role, what happens on the days she is not at your school? The best plan is to list or diagram the support personnel and administrators to identify their respective roles and availability. You might also want to consider these factors:

- How do the children see this individual? For example, although the assistant principal may be in a good position to be contacted when teachers suspect abuse, this person may be seen by the students as someone who is in charge of discipline or someone to whom they are sent when they are in trouble. Consequently, this individual might not be one best suited to deal with children who are being abused or neglected. Or, is the guidance counselor someone who just does scheduling and not someone to whom children might come? It might be best, although this can get tricky, to consider the receptivity of the individual to be designated as the key person rather than just considering his/her job description. Another approach is to handle this administratively and have the principal do all the reporting to the Department of Social Services (DSS), while another person is identified as the one who talks to children and teachers.
- Who, in the school, has the training to become involved in reporting? It is certainly advisable for the people in key roles to be knowledgeable in DSS procedures. One person may wish to develop a knowledge of what will happen when cases are reported and a rapport with the local DSS office, so that reporting and intervention can go much more smoothly. It is vital that this person have confidence in the system. The system does work when accessed properly. If those reporting have little confidence in DSS's ability to help, the child may not be best served.

2) What type of training should the entire staff have to enable them to carry out the protocol effectively? It has been the experience of many schools that a one-time memo outlining school protocol does little unless it is backed up by training and commitment. Likewise, a few hours of training to explain the procedure is not as effective as several sessions devoted to such topics as: a) recognizing one's own feelings and conflicts, b) fully understanding how to identify symptoms, c) feeling comfortable in talking with children who disclose alleged abuse, d) being knowledgeable about the reporting process and what happens after the report has been made, and e) being comfortable in working with abused and neglected children in the classroom. No matter who makes the actual report, all school staff should be trained. This includes support staff such as secretaries and janitors, who also may be in a position to recognize and help the abused or neglected child if trained to do so.

3) Setting up a Child Protection Team (CPT): how do we do this? Most schools that have successfully intervened in child maltreatment situations will tell you that a CPT is vital. A CPT consists of a designated group of educators who review suspected maltreatment cases and facilitate reporting. How large should the team be? The smaller the team, the easier it will be to get people together. However, there may be a variety of people with expertise, and it is important to have input from various viewpoints. Successful teams often comprise:

- the principal and/or assistant principal
- the school psychologist or social worker
- the guidance counselor
- one or more concerned teachers
- the school nurse

Additionally, many schools ask a Department of Social Services representative to be part of their CPT as well. While the composition of the team varies from school to school, they all are designed to give support and guidance to educators who feel the need or question the need to report situations involving suspected child abuse or neglect. Teams may meet on a regular basis to review any cases which seem suspect or they may meet only when a crisis occurs. Many schools find it helpful for their team to meet on a regular basis initially so that the members develop a working style which will enable them to react more quickly in a crisis. Or, instead of convening the entire team in a crisis, some schools designate several team members to respond to emergency situations. This might involve three of the team members who are best able to meet on short notice.

The team may have the authority to file a child abuse/neglect report, or one member of the team may be designated by the principal to assume that role. The presence of the DSS representative often expedites the process of filing. This team should also consider who will be available after school hours. For example, if a teacher or other educator happens to be at school after everyone else has left and receives a report from a child, whom does that person contact?

The Child Protection Team can be an extremely effective tool, but for maximum efficacy its composition and duties should be well thought out. The following guide, "Creating a Child Protection Team," identifies a number of key elements and issues to consider in the process of implementing effective teams.

CREATING A CHILD PROTECTION TEAM

The following are issues to consider when forming a team:

- 1) How many members will be on the team?
- 2) Who will the members be? Who decides?
- 3) Will the team include a representative from DSS?
- 4) When, where, and how often will the team meet?
- 5) Will the team be responsible only for reviewing cases of suspected child maltreatment, or will the team also be responsible for filing the report?
- 6) If the team will be responsible for filing the actual report, which team member will do this?
- 7) What type of feedback will be provided to the educator who referred the case to the team, and what mechanism will be used to communicate this information?
- 8) What role will the team take after the report has been filed?
- 9) Who determines if, at what intervals, and how the composition of the team will change?
- 10) What type of training will be needed for all school personnel and for team members specifically to effectively implement the protocol?

DESIGNING A PROTOCOL

Training

Training is a vital part of the implementation of a child abuse and neglect reporting plan. School personnel should be trained to understand the terms used in child maltreatment cases, physical and behavioral indicators of child abuse and neglect, applicable law and its implications, reporting procedures, and what happens when a case is reported (see Appendix). While all of these pieces of information are vital, the well-informed educator should also recognize his/her own feelings about abuse and neglect, and understand why parents maltreat their children. There are numerous good training resources available both locally and nationally. In addition, the local DSS office may have information regarding community-based resources.

To reinforce the importance and critical role of training, an effective protocol should include a statement to this effect:

The [designate the responsible party] shall be responsible for ensuring that all school staff are provided with in-service training to familiarize them with [at the minimum] the symptoms of abuse and neglect, their reporting responsibility and procedure, the school protocol, DSS procedure, and their obligations once the case has been reported.

It will be up to the individual school to determine who will be responsible for arranging staff training, and the length and content of that training. Ideally, training should be repeated at regular intervals or yearly as staff turnover occurs. Additional training (other than the basics) on areas of interest to all staff is also helpful. For example, teachers might find a workshop on promoting positive self-concepts in students helpful for use in the classroom. Or, instead of in-service training for more advanced topics, staff may be encouraged to take advantage of training offered by colleges or other groups. In addition to providing needed updates on information, these outside training opportunities often give Continuing Education Units and/or Professional Development Points. If there is a college or university in your area, educators can benefit from taking classes in topics related to child abuse and neglect. Some schools have arranged to have a particular college course taught at their school, and college/university faculty also can be invited to participate in trainings organized by schools.

In addition to training, many schools have a library of materials such as books, journal articles and audio visual aids for use by both educational staff and in the classroom. (A partial list of the available resources is included in the Appendix.) Teachers should expect to remain relatively current on child maltreatment materials, and those who need to update their knowledge should request formal training through their school.

Some schools also arrange training for parents. Many parents are receptive to training on parenting skills, and there are several ready-made curricula to address this. The Children's Trust Fund has a free lending library of parenting education curricula that schools can access. Such training helps parents to explore alternatives to behavior which could become abusive, and might include training on discipline techniques alternative to spanking. Many parents will appreciate the support such training can provide in their sometimes difficult role of caregiver.

Formation of a Child Protection Team

The usefulness of a Child Protection Team has already been discussed in the previous section. Writing such a team into the protocol ensures that it will become a reality.

The [designate the administrator responsible for the formation] will oversee the formation of a Child Protection Team (henceforth called CPT) which will be responsible for reviewing suspected cases of child maltreatment. The CPT will consist of [list the job titles] and will meet [weekly?/ as needed?/ monthly?]. The CPT will be chaired by [designate chairperson] who is responsible for convening meetings.

Implementation of Protocol

Once the protocol has been created and adopted, copies should be distributed to all staff, and formal training sessions should be provided to familiarize staff with the content. Again, a memo explaining the protocol is far less effective than providing one or more training sessions, perhaps featuring speakers with expertise in child maltreatment and prevention. The secret to having a staff “buy into” the use of a protocol is to demonstrate to them the usefulness of such procedures in making their jobs easier and in helping children. The memo addressing protocol implementation might read:

All school staff will receive a detailed, written explanation of the protocol, and all staff members will be expected to attend [number] hours of training. This training will be provided by the school and will be designed to promote accurate interpretation and effective ongoing application of the protocol.

It is also useful to discuss this protocol with parents. The subject needs to be presented in such a way that parents recognize that the intent of the protocol is to establish a standardized process that provides direction and supports educators in meeting their responsibility to report, and that reporting is a way to help children who may be crying out for help.

Recognizing Child Abuse and Neglect

As we consider how to report abuse and neglect situations, it is important to review how information becomes known to educators. An educator may suspect or become aware that a child has been maltreated because he/she observes symptoms, because another child or educator points out these symptoms, or because a child discloses the alleged abuse. Let's look at how each of these instances might occur.

Observation: Children who are being abused or neglected may demonstrate behavior which gives us clues about what is happening to them.

Larry was constantly in the Assistant Principal's office. A day did not go by that he was not caught fighting or exhibiting aggressive behavior toward his classmates. Paradoxically, he became very upset when the children he hurt cried. None of his previous teachers remembered Larry's behavior as being so disruptive or inconsistent. They knew that his mother was ill and assumed that this was the reason for his pugnaciousness. Despite being constantly in trouble, Larry seemed not to want to leave school. He was always the last one on the playground and the last to leave in the afternoon. Finally, Larry's teacher asked the guidance counselor to talk to him.

What was discovered by talking to Larry was that his mother's illness had a real impact on the family. Larry's father, overwhelmed by the situation, had reacted by beating his son at any provocation. The bruises that the teacher had observed and had assumed were from fights were actually a result of Larry's abuse at home. Larry's behavior had provided a clue about a situation that warranted reporting.

Children tell us that there is something wrong in a variety of ways. Physically abused children may strike out against others or, conversely, withdraw and be wary of contact. Neglected children may steal or hoard food or lack the organizational skills necessary to learn. Sexually abused children may demonstrate sexual awareness that is too advanced for their ages. (See Appendix for additional indicators.) It is important that teachers learn to recognize these "red flags." Children may actually be crying out for help and telling us, in the only way that they feel safe doing so, that they cannot handle what is happening in their lives. Sometimes suspicion is aroused by either the child's behavior or physical indicators such as bruises, but there may not be enough or sufficiently clear information to give you reasonable cause to believe that the child may have been abused or neglected. What does the educator do? The best recourse is to keep your own informal notes. By recording, not in the child's record but in your own notes, the child's name, the date, and the nature of the suspicion, you establish ongoing documentation of what is happening. As you look back on this, you may discover that over time you have gathered enough information to report. This information will also be helpful to DSS and should be provided to the Department.

Report from another child: Sometimes friends or classmates of maltreated children learn or suspect that their peer is being abused or neglected. Out of concern for that child, the classmate may tell a teacher, often swearing her/him to secrecy. In fact, this is a secret that a teacher cannot keep. The classmate must be helped to recognize that the only way to help is to intervene. A classmate may be encouraged to urge the child to come forward. Perhaps the support of a peer will make this possible. Or the teacher may want to talk to or have someone talk to the child who is suspected of being abused or neglected. If the child does not disclose the abuse or neglect, and there is not sufficient evidence to give you reasonable cause to believe that the alleged abuse or neglect has occurred, the teacher should document and be observant in the future.

Disclosure by a child: When a child discloses that he or she has been abused or neglected, a teacher or counselor may feel at a loss initially about how to respond. First and foremost, it is necessary to communicate two things to the child: that you are glad the child told you, and that he or she is not to blame. It often helps for children to know that it has happened to other children and that they are not alone.

GUIDELINES FOR HANDLING DISCLOSURES

- Do not let a child swear you to secrecy before telling you something. You may need to report.
- If a child asks to speak with you, try to find a neutral setting where you can have quiet and few interruptions.
- Do not lead the child in his/her telling. Just listen, letting him/her explain in his/her own words. Do not pressure him/her for a great deal of detail.
- Respond calmly and matter-of-factly. Even if the story that the child tells you is difficult to hear, it is important not to register disgust or alarm.
- Do not make judgmental comments about the abuser. It is often someone the child loves or with whom he/she is close.
- Do not make promises to the child that things will get better. In reality, things may get worse before they get better, but conveying this to the child may make him/her more anxious.
- Do not confront the abuser. This may cause more harm to the child.
- Ask the child if he/she feels safe going home. If he/she does not, this should be considered an emergency report and handled immediately.
- Respect the child's confidence and limit the number of people with whom you share the information. You must tell the Child Protection Team, but other staff need not know.
- Explain to the child that you must tell someone else to get some help. Try to let the child know that someone else also will need to talk with him/her and explain why.

Children who report may be anxious or frightened and need gentle reassurance. They may continue to need encouragement and support at the time, as well as after the report is made.

Procedure in Child Abuse and Neglect Situations

The actual procedure for reporting should be straightforward and easy to follow. It might be worded as follows:

Any educator or support staff member who has reasonable cause to believe that a child is being physically abused, neglected, sexually abused, or emotionally injured is mandated to report this suspicion. No person so required to report shall be liable in any civil or criminal action by reason of such report.

The staff member who suspects child maltreatment (henceforth referred to as the reporter) should immediately notify the [designated person] who will convene the CPT, which shall meet as soon as possible. The reporter will present his/her suspicions to the CPT and provide the team with any documentation that may be available. If the CPT deems this a reportable situation, the [designated individual] representing the CPT and the reporter will immediately telephone the Department of Social Services to file a 51A report. Law requires that a mandated reporter shall immediately report such condition to the Department by oral communication and by making a written report within forty-eight hours. The reporter will be with the CPT representative to fill in any necessary details.

A comment should be made about documentation. Documentation refers to facts gathered and observations that the educator may have made regarding the child. It is not necessary to establish “certainty” in order to report. It is only necessary to have “reasonable cause to believe.” Documenting what one has observed and heard from the child and parent is very helpful. However, the educator must realize that he/she is not the investigator. Keep in mind that it is not appropriate or necessary to question the child in detail about the alleged abuse or neglect, even if the child has told you about it. This is not only unfair to the child, who may be questioned again by DSS and possibly by other professionals, but you may also run the risk of compromising future interventions if it is determined that your questioning of the child constitutes “leading” or “biasing” a witness. If a child discloses alleged abuse or neglect, just let him/her talk and explain things in his/her own terms. Remain sympathetic and ask open-ended rather than leading questions.

Thus far, we have talked about bringing a situation to the attention of the Child Protection Team. What if an educator consults with the CPT, and the team does not feel that the case should be reported to DSS? Does the educator have any recourse? Certainly he/she does. The law states that all educators are mandated to report. A teacher who has reasonable cause to believe that the alleged abuse or neglect occurred, even if the CPT decides not to report, must act upon his/her suspicions. This educator calls DSS and makes the report him/herself. The purpose of the CPT is to be a consultative and supportive body rather than a limiting one. The CPT cannot prevent a teacher from reporting. Thus you might include in the protocol a statement such as this:

The fact that the CPT does not advise reporting a situation to DSS does not preclude an educator from contacting DSS directly if the educator has reasonable cause to believe that the suspected abuse or neglect did occur.

BRINGING IN OTHERS

Let us now return to the process of filing a report through the CPT. One educator has brought his/her concerns to the team, and the CPT determines that situation should be reported to DSS. It may be helpful for CPT also to give DSS the names of other school personnel who are familiar with the child in question and can provide information regarding the allegations of the report. The protocol might stipulate:

When making the report, the CPT will identify other individuals within the school who may have information about the particular child that is relevant to the alleged abuse or neglect. These individuals should be notified by the CPT that they may be contacted by DSS.

It is certainly possible for an individual educator/reporter to file the 51A report directly with the support of the CPT. However, some DSS offices prefer to deal with one individual from a particular school. This can help to ensure that there is at least one person, designated to represent the school, who is sufficiently knowledgeable about child abuse/neglect reporting and response procedures and who can facilitate interagency communication.

Within 48 hours of the oral report, the CPT will submit a written report to the Department of Social Services.

DSS will supply schools with written forms. One need only call and request them. These forms are updated periodically, so it is a good idea to check with DSS from time to time to see if your school has the correct updated forms.

UNDERSTANDING THE DSS RESPONSE

It is important for educators to realize that DSS may not always be able to “screen in” a report for further investigation. It is the responsibility of DSS to determine if there is reasonable cause to believe that the child has been maltreated. Certainly, documentation by the educator of any facts that support the allegation(s) helps DSS make the decision as to whether there is reasonable cause to believe that the child has been, or may be at risk of being, abused or neglected. Some schools keep a confidential record of the reports made by the CPT. The purpose of this is to have something to refer to if, at a later date, the team once again feels that there is a possibility of abuse or neglect.

These records, for confidentiality purposes, are kept locked and separate from the child’s file. They are only available to one person who can bring them to the CPT. This individual is usually the school counselor, as this knowledge may be helpful in understanding the child’s future behavior.

All reports made by any member of the school staff shall remain confidential. The reports of the CPT will be kept in a separate confidential file by the designated person for as long as the child is a student in that school district. This information should NOT be part of the child’s academic records or folder.

ANTICIPATING EMERGENCIES

Provisions should be made for emergency situations which do not fall within the school day.

If an educator determines that it is necessary to file a report after school hours, he/she must notify [designated person or persons]. This individual will notify, by phone if necessary, the members of the CPT. The CPT will then be responsible for filing the report with DSS. If the educator making the report feels it is an emergency and is unable to reach the [designated person] or any CPT member, he/she should file the report directly with DSS and notify the CPT as soon as possible.

When making a call to DSS, the educator will probably be asked if the reporter feels that the situation requires an immediate response. It is sometimes difficult for educators to answer this question. Several factors come into play when thinking about filing a report after hours. First, what constitutes an emergency? Whenever a child tells us about alleged abuse or neglect it may seem like an emergency. Certainly we do not want to leave a child unprotected. Additionally, if we weigh potential for helping when the report is made in an organized, rational way rather than in panic and haste, the projected results may suggest waiting until the next morning. For example, a child who is neglected may have been neglected for some time. One night will not necessarily change things, nor result in the child being placed in any real, immediate danger. However, a child whose parent is on a drunken binge and who has just beaten him/her may be in danger of a worse beating if he/she returns home after telling someone.

Therefore, when thinking about whether or not the situation warrants an immediate response, consider: “Does the child have the potential for being hurt tonight?” Don’t be afraid to ask the child how safe he/she feels and if there are other responsible people (family, friends, etc.) whom the child could contact if necessary.

Secondly, consider the effect that telling has had on the child. Can he/she live with this fact overnight? Children can be very transparent. Even the child who has told and wants to keep that fact a secret may not be able to. The guilt of having told may cause him/her to inadvertently let something slip. This may anger the parent and result in the parent harming the child and/or refusing to let the child come to school the next day. Therefore, if you feel that the child might be in any danger if he/she goes home, advise the DSS worker of your concerns and the reason for them.

When children tell, they are usually seeking help then and there. Therefore it is important that whatever procedure your school puts in place, it can operate effectively after hours as well. The potential reporter should have a list of people who can act so that if one is not available, another can be reached. There is nothing worse for either the teacher or the child than seeking help and reaching dead ends wherever one turns. It is always possible for a child to disclose after usual business hours. All DSS offices have emergency after-hours lines (1-800-792-5200). It is important that school personnel are provided with this information, and in some cases it may also be appropriate to give this after-hours number to the child.

NOTIFYING THE FAMILY

In creating procedures for reporting, the question always arises: “Should the school notify the family, and if so, when?” This is a much debated concern. On one hand, if a family is told before DSS has had a chance to become involved, there is a possibility that the child could be further harmed with little or no protection being offered. The family could remove the child from school or flee the area. Yet, some people argue that if the family is told before the report is made, they can be helped to recognize that the intent of the report is to help rather than punish. It is obvious that there are pros and cons to each approach. The rule of thumb used by most schools is to ask direction from DSS. Does DSS want the school to tell the family or will they? The bottom line is the protection of the child and this must always be the paramount concern.

Educators have sometimes asked if they will be in any kind of danger if the family knows they have reported. It is the practice of DSS not to tell the family the name of the reporter. Even if the family was told, abusive families, with few exceptions, are dangerous only to their own children and usually not to other adults. Most families desperately need assistance and can be helped to recognize that concerned adults want them to be successful in their parenting.

After the report has been made, the reporter is usually interested in what happens. Some reporters voice their frustration with DSS for not giving follow-up information. This is true in many cases for confidentiality reasons. If a report is screened out, DSS is required to provide the mandated reporter (who filed the report) a letter explaining that this action was taken. If the case is screened in for investigation, DSS also is required to inform the mandated reporter, in writing, of the outcome of the investigation. Some reporters suggest that this is not always done, and/or they do not receive sufficient information. It is important to remember that information sharing is governed by a number of state and federal statutes which limit the amount of case-specific information that DSS is able to provide. The best suggestion is to develop a rapport with DSS, possibly through the representative to the CPT. While this person may not

be able to tell you about particular cases, he/she can sufficiently acquaint you with DSS procedure that you and the school may feel better informed. It is usually best to designate one person to be a liaison with DSS. For example, the protocol may read:

After reporting a case to DSS, the [designated person], representing the CPT, will monitor the outcome of the report. This information will be kept confidential and will be available only to the CPT and the original reporter.

If you continue to have questions or concerns about a decision made by DSS, you can speak to a supervisor at the Area Office. If you are still dissatisfied, talk to the Area Program Manager, and then the Area Director. There also is an Ombudsman at the Department's Central Office with whom you can discuss your concerns.

PROTECTING THE CHILD'S PRIVACY

Once a report has been filed, it is important that the child not be singled out in any way. A child from an abusive or neglectful home has enough stress at home without experiencing it at school. Therefore, the child should not be questioned about the reported situation. If the child chooses to talk about it to the reporter, this is fine, but the educator should not initiate the discussion. Some school protocols address this by saying:

Once the information has been provided to the CPT, no child will be subjected to further emotional stress or risk by being questioned by any member of the team or by other school personnel.

USING CPTs FOR EFFECTIVE REPORTING

Now that we have considered the importance of having a reporting protocol and a CPT, let us reconsider the dilemma of Jon Forrest discussed on page 2. What if Jon's school had a protocol and a CPT? First, the protocol would have included provisions for training all staff so that Jon would know whom he should contact within the school and how the situation could be reported to DSS. Let us therefore imagine the revised scenario:

Because Jon knew what to do, he did not feel a need to cancel practice when Kevin told him of his plight. He told Kevin that he would try to help and asked if the boy wanted to continue with practice. Then, while the boys began their warm-up exercises, he asked another coach to keep an eye on them and made his call. First, knowing that the CPT should be involved, Jon called the chairperson of the team. When she was unavailable, he called a second team member, who was in. He discussed Kevin's situation with the team member and was assured that his concerns regarding Kevin's safety were justifiable. This team member also was concerned about the boy. Together the two educators concluded that making a report was necessary. Given that both feared for Kevin's immediate safety, it was decided that Jon would call DSS directly. The team member gave him the contact person, previously arranged by the team.

What did Jon gain by using the procedure outlined in the protocol? First, he was able to go on with his activities using only about fifteen minutes of time as opposed to several hours. Secondly, he was able to ensure that the child was in a safe place that did not disrupt his activities and promote more anxiety. And finally, Jon was reassured that his concerns were justified, and was supported by the knowledge that he was not alone and his school was behind his filing of the report.

Because of the planning Jon Forrest's school had undertaken by instituting a protocol, Kevin's situation had a happier ending than it might have. Jon made the call to DSS and told them that he feared for Kevin's safety if he went home. The DSS social worker recognized, from Jon's description, that Kevin could be in danger and came to the playing field. The social worker talked with Kevin and when the irate father arrived, the social worker also talked with him. The outcome was that Kevin went to an aunt's house for the night. The next day the social worker talked with Kevin's father and mother about the father's drinking problem. Eventually, the family sought counseling and the father was referred to an alcohol treatment program. Granted, not every situation works out as well as Kevin's. But a careful, thoughtful and well-planned approach makes successful intervention a more probable outcome.

WHEN DSS BECOMES INVOLVED

You have finally decided to make the call to DSS. Now what will happen? Immediately after taking the report, the Department considers whether the situation appears to be an emergency, i.e., a situation in which a failure to take immediate action would pose a threat of immediate danger to the life, health or physical safety of the child. If it is determined that the report constitutes an emergency, it is screened in and assigned for emergency investigation.

If it is determined that the report does not constitute an emergency, the Department continues to screen the report and determines what, if any, collateral contacts are necessary to make the screening decision. The purpose of such collateral contacts is to corroborate or uncorroborate a report, to determine current risk to the child(ren), and to determine whether or not an emergency investigation is warranted (i.e., the need for an emergency response is reevaluated as information becomes available during the screening phase). The screening decision is made no later than 24 hours after receipt of the report, and if the report was filed by a mandated reporter, he/she receives written notification of the outcome of the screening decision, i.e., whether the report was "screened out," "screened in," or "screened for follow-up."

For "screened-in emergency reports," the investigation is initiated within 2 hours and completed within 24 hours after receipt of the report. For "screened-in non-emergency reports," the investigation is initiated within 2 working days and completed within 10 calendar days after receipt of the report.

Investigations include informing the parent/parent substitute of the nature of the allegations, and providing them with written information regarding the investigation process and the mechanisms available if they disagree; seeing and interviewing children, parents and other household members; evaluating risk; determining the condition of the children and whether any specific injury or condition is the result of abuse or neglect; contacting the reporter and collaterals who are determined to have information relevant to the allegations included in the report; identifying and contacting any individual who has been alleged to be responsible for the allegations included in the report; and writing a report which documents the activities conducted and information learned during the investigation and the decision to "unsupport" or "support" the report.

To “unsupport” a report means that the Department has no reasonable cause to believe that an incident of abuse or neglect by a caretaker occurred. To “support” a report means that the Department has a reasonable cause to believe that an incident of abuse or neglect by a caretaker did occur.

If the report was filed by a mandated reporter, he/she receives written notification of the decision to unsupport or support the report, and the outcome of the investigation, i.e.:

- Continue ongoing services (i.e., case already open with DSS)
- No services required
- Open as protective service case and conduct comprehensive assessment
- Refer family to complete Voluntary Application for Services, and conduct comprehensive assessment

ANTICIPATING THE IMPACT OF IMPLEMENTATION

Whenever educators consider reporting child abuse and neglect situations, questions arise which should be considered. The following are a few of the most commonly asked questions.

What if DSS does not respond immediately?

There are several reasons why DSS might not respond immediately. First, although you have immediate concerns about a child, DSS may determine that the situation does not warrant an emergency response (earlier, we discussed that situations involving suspected child abuse or neglect may or may not represent a true emergency). One way to avoid frustration is to ask, during the initial contact with the Department, what time frame DSS anticipates for responding to this situation. This may also help to give anticipatory guidance to the child—that is, to be able to tell the child what will happen next. Certainly, if it appears that the child is in immediate danger and cannot go home, the school should ensure that they provide DSS with all available information explaining the immediacy of the situation. If this requires an additional call and the social worker who took the initial report is not available, ask to speak with his/her supervisor.

Remember that emergencies are something that DSS social workers have learned to assess. A report is not considered to constitute an emergency if DSS determines that available information does not indicate that the situation is one in which failure to take immediate action would pose a threat of immediate danger to the child. If DSS determines that the report does constitute an emergency, the investigation is initiated within 2 hours and completed within 24 hours after receipt of the report. DSS social workers who know that they cannot come out immediately will often help the reporter with suggestions for the interim. No matter how frustrated you feel, it does not help the child or the situation to become angry and critical of DSS. Just like educators, these professionals attempt to do the best job they can with a limited amount of time and resources.

What if DSS screens out the report?

If available information is not sufficient for DSS to determine that there is reasonable cause to believe that a child has been abused or neglected, the report will be screened out. As such, it is important that

you provide the Department with all information which you believe might aid DSS in determining whether or not the alleged abuse or neglect occurred. It is wise to have as much information available as possible when you call the Department. (See Appendix, "Filing an Effective 51A Report.") However, if you do not have all this information, do not let this impede your filing. File with what information you do have.

Having documentation of relevant facts, dates, quotes, etc. can help to ensure that information is accurately conveyed at the time the report is filed. Documentation can also facilitate your recollection of what has gone on with the child over time. However, your decision to file or not file a report should not be based on the fact that you think you do not have sufficient documentation. Remember, as a mandated reporter you are required to report if you have a reasonable cause to believe that a child is suffering abuse or neglect. The suspected abuse or neglect must be immediately reported to the Department by oral communication and by making a written report within 48 hours after the oral communication. (See Appendix, "Report of Child(ren) Alleged to be Suffering from Serious Physical or Emotional Injury by Abuse or Neglect.")

If a report is screened out, this does not mean that you cannot file another report at a later date. In the interim, documenting can help in establishing your own record of what is going on with the child, and this information can be useful if you decide to file a report in the future. The case that has several reports can be a source of critical information. In the meantime, help the child by remaining available, acknowledging concerns, helping him/her to enhance self-esteem, and giving him/her a positive school experience. Educators can be an invaluable source of support, and one should not underestimate the influence that they have on children.

What if the child knows that DSS has been contacted and DSS has screened out the report?

Explain that he/she is believed, but the Department will not be conducting an investigation because there is not sufficient information and/or the situation (i.e., alleged perpetrator is clearly not a caretaker) does not fall within the Department's mandate. You hope that you and the child can continue to talk, and you also will work with him/her to find other ways to address the concerns he/she has raised. Above all the child should not feel abandoned by you. The fact that DSS was not able to screen in the report does not preclude you from offering help by exploring other mechanisms/resources to assist the child and his/her family.

What if the parents remove the child from school?

This has happened and there is always a possibility that it will happen again. However, approaching the parents, once the report has been made, with concern and offers to help can often help to prevent this situation. Remember that most abusive and neglectful parents are those who have not had their own needs met. They often feel overwhelmed, and even those who are initially angry may respond positively to the caring professional. If the child is moved to another school, that school will have to send for the records. A call to the child's new school or teacher may ensure that he/she will be protected in the future.

What if the child has made up a story about being abused or neglected?

Children usually do not make up stories of this type. Even the child who wrongly presents him/herself as mistreated may have discrepancies in the story, or his/her affect may also provide clues that the story is

fabricated. However, the educator may not always be able to determine the extent to which a child's story is inaccurate. Consult the chart on indicators of abuse and neglect (see Appendix). If enough of these appear to be present, you are mandated to report your suspicions.

BEYOND THE REPORT

In addition to the above described reporting process, school personnel should consider other ways in which they can contribute to the prevention and intervention in situations involving child abuse and neglect. For example, in what types of prevention efforts would it be most helpful for educators to participate? There are many excellent prevention materials available today, and it is possible to integrate into the curriculum pieces which will help both the maltreated and the non-maltreated child. One example is pediatrician Ray Helfer's "five concepts which parents from dysfunctional families have never learned." By helping their children to learn these simple skills, one can interrupt the cycle of abuse.

These skills are:

- 1) how to get one's needs met appropriately
- 2) how to separate feelings from actions
- 3) how to delay gratification
- 4) how to take responsibility for one's own actions and not the actions of others
- 5) how to make decisions (Tower, 1989)

Incorporating these skills into lessons in the classroom is not difficult and can benefit all children.

There also are a variety of specific tools which teachers can use to provide special help to the maltreated child. For example, there are books (designed for children) about the court process which might give the child a better understanding of (and diminish the anxiety about) what may happen if he/she goes to court. Introducing these and other such aids into the curriculum would help not only the abused/neglected child but also provide new insights for his/her classmates. There are also school-based sexual assault and abduction prevention programs, such as Kids and Company: Together for Safety, which is available to Massachusetts elementary schools from the Children's Trust Fund at no cost (see resources in Appendix).

The educator must also consider how to help the child after he/she has become involved with DSS. While confidentiality concerns limit the amount of case-specific information that can be shared, DSS and schools are not precluded from collaborating to meet the child's needs. A child's best interests are of paramount concern to both, and the extent to which professionals understand their respective roles and limitations and work together can help to ensure that children's needs are best met. Remember that being involved in the DSS system is not necessarily easy for children. It might be the concerned teacher who provides security and consistency as the child goes through this process.

PROJECTIONS FOR THE FUTURE

Unfortunately the incidence of abuse does not seem to be decreasing. Every year more and more children are reported to have been abused. The more violent our society becomes, the more involved children are in abusive situations. It is critical that school personnel fully understand their roles and responsibilities relative to reporting of child abuse and neglect, and that they work to increase their knowledge of and collaborate with the range of intervention and prevention services available.

As the drug problem increases, there appear to be more children whose parents are addicted to drugs. The effects on the children are myriad. From developmental problems to fetal alcohol syndrome, children feel not only the physical effects but the emotional ones as well. In addition to being informed on the effects of substances, prevention programs such as DARE (Drug Abuse Resistance Education) are vital in attempting to intervene in this national problem.

An increasing number of children are also the victims of domestic violence at home. Even if the child is not physically injured, the emotional scars of fear, powerlessness and rage take their toll. DSS is addressing this problem through expanded training initiatives, and there are domestic violence specialists available to all area offices. Thus children who witness one parent's abuse by the other can also be helped.

Many of the social problems of today will be eased by education and awareness. Where better to promote such awareness than in schools? Prevention programs may not only help the children of tomorrow, but may identify the children who are suffering today. And, through school-sponsored programs like classes and support groups, parents can learn better parenting skills and be more effective in their roles. In fact, the educator is in an important position to help both children and their parents. How many adults owe their survival through a difficult childhood to the perseverance of one concerned educator?

PROTOCOL SUGGESTIONS IN REVIEW

The following have been suggested for inclusion in a protocol:

- The [designate the responsible party] shall be responsible for ensuring that all school staff are provided with in-service training to familiarize them with [at the minimum] the symptoms of child abuse and neglect, their reporting responsibility, the school protocol, reporting procedure, DSS procedure, and their obligations once the situation has been reported.
- The [designate administrator responsible for the formation] will oversee the formation of a Child Protection Team (henceforth called CPT) which will be responsible for reviewing suspected cases of child maltreatment. The CPT will consist of [list the job titles] and will meet [weekly?/ as needed?/ monthly?]. The CPT will be chaired by [designate chairperson] who is responsible for convening meetings.
- All school staff will receive a detailed written explanation of the protocol, and each staff member will be expected to attend [number] hours of training. This training will be provided by the school and will be designed to promote accurate interpretation and effective ongoing application of the protocol.
- Any educator or support staff member who has reasonable cause to believe that a child is being physically abused, neglected, sexually abused, or emotionally injured is mandated to report this suspicion. No person so required to report shall be liable in any civil or criminal action by reason of such report.
- The staff member who suspects child maltreatment (henceforth referred to as the reporter) should immediately notify the [designated person] who will convene the CPT, which shall meet as soon as possible.
- The reporter will present his/her suspicions to the CPT and provide the team with any documentation that may be available. If the CPT deems that this is a reportable situation, the [designate individual], representing the CPT and the reporter, will immediately telephone the Department of Social Services to file a 51A report and file a written report on a 51A form within 48 hours. The reporter will be with the CPT representative to fill in any necessary details.
- The fact that the CPT does not advise reporting a situation to DSS does not preclude an educator from contacting DSS directly if the educator has reasonable cause to believe that the suspected child abuse or neglect did occur.
- When making the report, the CPT will identify other individuals within the school who may provide information on a particular child that is relevant to the alleged abuse or neglect.
- Within 48 hours after filing the oral report, the CPT will submit a written report to the Department of Social Services.
- All reports made by any member of the school staff shall remain confidential. The reports of the CPT will be kept in a separate, locked confidential file by the [designated person] for as long as the child is a student in that school district. This information should NOT be part of the child's academic records or folder.

- If an educator must make a report after school hours he/she must notify [designated person or persons]. This individual will notify, by phone if necessary, the members of the CPT. The CPT will then be responsible for filing the report with DSS. If the educator making the report feels it is an emergency and is unable to reach the [designated person] or any CPT member, he/she should file the report with DSS and notify the CPT as soon as possible.
- After reporting a case to DSS, the [designated person], representing the CPT, will monitor the outcome of the report. This information will be kept confidential and will be available only to the CPT and the original reporter.
- Once the information has been provided to the CPT, no child will be subjected to further emotional stress or risk by being questioned by any member of the team or by other school personnel.

ASSESSING YOUR PROTOCOL

If you already have a protocol designed or in place, you may want to evaluate it for effectiveness. The following is a checklist which will help you to do so.

- ☐ 1) Does our protocol designate that staff will have training and who will be responsible for arranging training?
- ☐ 2) Will this training include how to recognize the symptoms of different types of child maltreatment, staff reporting responsibilities, the school protocol, reporting procedure, DSS procedure, and their obligations once a report has been made?
- ☐ 3) Does the protocol include the formation of a CPT?
- ☐ 4) Does the protocol spell out who is responsible for the formation of this team, whom the members will be, and how often the team will meet?
- ☐ 5) Does the protocol stipulate that all school staff will receive notification of the protocol?
- ☐ 6) Does the protocol designate how many hours of training each staff member is expected to receive?
- ☐ 7) Does the protocol reference the Massachusetts state law which requires that, as a mandated reporter, an employee of the school who has "reasonable cause to believe" that a child is being abused or neglected must report such suspicion to the Department of Social Services?
- ☐ 8) Does the protocol spell out the role of the CPT in making a report?
- ☐ 9) Does the protocol specify who actually contacts DSS? Who completes the required written report within 48 hours after the oral report?
- ☐ 10) If the CPT is responsible for filing the report, does the protocol spell out what happens if the team is not available?
- ☐ 11) Does the protocol inform staff that if the staff member who referred the case to the CPT does not agree with the Team's decision not to file a report, he/she can contact DSS directly to file a report?
- ☐ 12) Does the protocol indicate that all reports must be kept confidential and in a separate file from the student's regular school file?
- ☐ 13) Does the protocol indicate who is responsible for monitoring (receiving feedback from DSS, etc.) after a report is filed?
- ☐ 14) Does the protocol mention that once the report has been made, the child will no longer be questioned by any member of the school staff?
- ☐ 15) After the initial dissemination of the written protocol, is it (will it be) made available to all new school staff and reviewed periodically with veteran staff?

PHYSICAL AND BEHAVIORAL INDICATORS OF CHILD ABUSE AND NEGLECT

Type of Child Abuse/ Neglect	Physical Indicators	Behavioral Indicators	Type of Child Abuse/ Neglect	Physical Indicators	Behavioral Indicators
PHYSICAL ABUSE	Unexplained bruises and welts: -on face, lips, mouth -on torso, back, buttocks, thighs -in various stages of healing -clustered, forming regular patterns -reflecting shape of article used to inflict (electric cord, belt buckle) -on several different surface areas -regularly appear after absence, weekend or vacation -human bite marks -bald spots	Wary of adult contacts Apprehensive when other children cry Behavioral extremes: -aggressiveness, or -withdrawal -overly compliant Afraid to go home Reports injury by parents	SEXUAL ABUSE	Difficulty in walking or sitting Torn, stained or bloody underclothing Pain or itching in genital area Bruises or bleeding in external genitalia, vaginal or anal areas Sexually transmitted disease Frequent urinary or yeast infections Frequent unexplained sore throats	Unwilling to participate in certain physical activities Sudden drop in school performance Withdrawal, fantasy or unusually infantile behavior Crying with no provocation Bizarre, sophisticated, or unusual sexual behavior or knowledge Anorexia (especially adolescents) Sexually provocative Poor peer relationships Reports sexual assault by caretaker Fear of seductiveness toward males Suicide attempts (especially adolescents) Chronic runaway Early pregnancies
	Unexplained burns: -cigar, cigarette burns, especially on soles, palms, back, or buttocks -immersion burns (sock-like, glove-like, doughnut-shaped on buttocks or genitalia) -patterned like electric burner, iron, etc. -rope burns on arms, legs, neck, or torso	Exhibits anxiety about normal activities, e.g., napping Complains of soreness and moves awkwardly Destructive to self and others Early to school or stays late as if afraid to go home Accident-prone Wears clothing that covers body when not appropriate Chronic runaway (especially adolescents) Cannot tolerate physical contact or touch			
	Unexplained fractures: -to skull, nose, facial structure -in various stages of healing -multiple or spiral fractures				
	Unexplained lacerations or abrasions: -to mouth, lips, gums, eyes -to external genitalia				
	Consistent hunger, poor hygiene, inappropriate dress	Begging, stealing food Constant fatigue, listlessness or falling asleep States there is no caretaker at home Frequent school absence or tardiness Destructive, pugnacious School dropout (adolescents) Early emancipation from family (adolescents)		Speech disorders Lags in physical development Failure to thrive (especially in infants) Asthma, severe allergies, or ulcers Substance abuse	Habit disorders (sucking, biting, rocking, etc.) Conduct disorders (antisocial, destructive, etc.) Behavioral extremes: -compliant, passive -aggressive, demanding Overly adaptive behavior: -inappropriately adult -inappropriately infantile Developmental lags (mental, emotional) Delinquent behavior (especially adolescents)
PHYSICAL NEGLECT			EMOTIONAL MALTREATMENT		

MASSACHUSETTS GENERAL LAWS, CHAPTER 119, SECTION 51A

Any physician, medical intern, hospital personnel engaged in the examination, care or treatment of persons, medical examiner, psychologist, emergency medical technician, dentist, nurse, chiropractor, podiatrist, osteopath, public or private school teacher, educational administrator, guidance or family counselor, day care worker or any person paid to care for or work with a child in any public or private facility, or home or program funded by the commonwealth or licensed pursuant to the provisions of chapter twenty-eight A, which provides day care or residential services to children or which provides the services of child care resource and referral agencies, voucher management agencies, family day care systems and child care food programs, probation officer, clerk/magistrate of the district courts, parole officer, social worker, foster parent, firefighter or policeman, office for children licenser, school attendance officer, allied mental health and human services professional as licensed pursuant to the provisions of section one hundred and sixty-five of chapter one hundred and twelve, drug and alcoholism counselor, psychiatrist, and clinical social worker, who, in his professional capacity shall have reasonable cause to believe that a child under the age eighteen years is suffering physical or emotional injury resulting from abuse inflicted upon him which causes harm or substantial risk of harm to the child's health or welfare including sexual abuse, or from neglect, including malnutrition, or who is determined to be physically dependent upon an addictive drug at birth, shall immediately report such condition to the department by oral communication and by making a written report within forty-eight hours after such oral communication; provided, however, that whenever such person so required it report is a member of the staff of a medical or other public or private institution, school or facility, he shall immediately either notify the department or notify the person in charge of such institution, school or facility, or that person's designated agent, whereupon such person in charge or his said agent shall then become responsible to make the report in the manner required by this section. Any such hospital personnel preparing such report, may take or cause to be taken, photographs of the areas of trauma visible on a child who is the subject of such report without the consent of the child's parents or guardians. All such photographs or copies thereof shall be sent to the department together with such report. Any such person so required to make such oral and written reports who fails to do so shall be punished by a fine of not more than one thousand dollars. Any person who knowingly files a report of child abuse that is frivolous shall be punished by a fine of not more than one thousand dollars.

Said reports shall contain the names and addresses of the child and his parents or other person responsible for his care, if known; the child's age; the child's sex; the nature and extent of the child's injuries, abuse, maltreatment, or neglect, including any evidence of prior injuries, abuse, maltreatment, or neglect; the circumstances under which the person required to report first became aware of the child's injuries, abuse, maltreatment or neglect; whatever action, if any, was taken to treat, shelter, or otherwise assist the child; the name of the person or persons making such report; and any other information which the person reporting believes might be helpful in establishing the cause of the injuries; the identity of the person or persons responsible therefor, and such other information as shall be required by the department.

Any person required to report under this section who has reasonable cause to believe that a child has died as a result of any of the conditions listed in said paragraph shall report said death to the department and to the district attorney for the county in which such death occurred and to the medical examiners as required by section six of chapter thirty-eight. Any such person who fails to make such a report shall be punished by a fine of not more than one thousand dollars.

In addition to those persons required to report pursuant to this section, any other person may make such a report if any such person has reasonable cause to believe that a child is suffering from or has died as a result of such abuse or neglect. No person so required to report shall be liable in any civil or criminal action by reason of such report. No other person making such report shall be liable in any civil or criminal action by reason of such report if it was made in good faith; provided, however, that such person did not perpetrate or inflict said abuse or cause said neglect. Any person making such report who, in the determination of the department or the district attorney may have perpetrated or inflicted said abuse or cause said neglect, may be liable in a civil or criminal action.

No employer of those persons required to report pursuant to this section shall discharge, or in any manner discriminate or retaliate against, any person who in good faith makes such a report, testifies or is about to testify in any proceeding involving child abuse or neglect. Any such employer who discharges, discriminates or retaliates against such a person shall be liable to such person for treble damages, costs and attorney's fees.

Within sixty days of the receipt of a report by the department from any person required to report, the department shall notify such person, in writing, of its determination of the nature, extent and cause or causes of the injuries to the child, and the social services that the department intends to provide to the child or his family.

Any privilege established by sections one hundred and thirty-five A and one hundred and thirty-five B of chapter one hundred and twelve or by section twenty B of chapter two hundred and thirty-three, relating to confidential communications shall not prohibit the filing of a report pursuant to the provisions of this section or the provisions of section twenty-four.

FILING AN EFFECTIVE 51A REPORT

By Jeff Roberts, Coordinator, Middlesex County Sexual Abuse Investigation Network

When filing a 51A report of child abuse or neglect with the Department of Social Services, it is helpful to have as much factual information as possible at hand, including:

- The name and birthdate of the child being reported
- The names and birthdates of any siblings in the home
- The names, addresses, and birthdates of both parents
- The primary language spoken in the child's home
- The mandated reporter's name, address, telephone number, profession, and relationship with the child (non-mandated reporters may request anonymity)
- As much information as possible about the alleged perpetrator of the abuse (if not one of the above-named persons)

You will find it helpful to have the answers in mind to the following questions, which a DSS screener will likely ask when you file a 51A report:

- Have you informed the parents of the reported child that you are filing a report with DSS? If yes, what was their response? (DSS recommends that you do not inform a family if you believe it will increase the risk to the child.)
- Are you alleging neglect, physical abuse, sexual abuse, and/or emotional maltreatment of the child?
- To your knowledge, what is the nature and extent of the child's injuries, abuse, neglect, or maltreatment?
- What is the specific incident, behavior, or disclosure that is causing you to report at this time?
- If there was a verbal disclosure, what specifically did the child say, in his or her own words?
- Where did the abuse occur? (This is especially important in physical or sexual abuse cases, which may involve criminal activity and need to be reported to the appropriate District Attorney's Office.)
- Have there been past observations of the child that have caused you concern prior to the filing of this report?
- Do you believe that the child is at current/immediate risk of further harm? Do you believe this to be an ongoing situation, or a short-term crisis?
- What is the child telling you about his/her feelings of personal safety?
- To your knowledge, is the family currently involved with DSS?
- To your knowledge, does the child have regular visits with a counselor or therapist? (If possible, provide the name and telephone number of the child's therapist.)

- Are you aware of any 51A reports that have been filed on this child by your agency? (If possible, provide the dates of these reports.)
- What is the child's general demeanor, school performance record, and attendance record?
- What actions if any have been taken to treat, shelter, or assist the child?
- Does the child have any special needs or developmental limitations?

Remember that as a mandated reporter, you are required to file a written report with the Department of Social Services within 48 hours of making the oral report. DSS will provide the form for this report. DSS is required to notify you, in writing, of its decision on your report within sixty days. If you have any questions about whether or not to report a situation, don't hesitate to call your area DSS office for further information and advice. You may also call the Department Ombudsman's office during regular working hours at 617-727-0900.

Report of Child(ren) Alleged to be Suffering From Serious Physical or Emotional Injury by Abuse or Neglect

Massachusetts law requires an individual who is a mandated reporter to immediately report any allegation of serious physical or emotional injury resulting from abuse or neglect to the Department of Social Services by oral communication. This written report must then be completed **within 48 hours** of making the oral report and should be sent to the appropriate Department office.

Please complete all sections of this form. If some data is unknown, please signify. If some data is uncertain, place a question mark after the entry.

DATA ON CHILDREN REPORTED

Name	Current Location/Address	Sex	Age or Date of Birth
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	

DATA ON MALE GUARDIAN OR PARENT

Name: _____
First Last Middle

Address: _____
Street and Number City/Town State Zip Code

Telephone Number: _____ Age: _____

DATA ON FEMALE GUARDIAN OR PARENT

Name: _____
First Last Middle

Address: _____
Street and Number City/Town State Zip Code

Telephone Number: _____ Age: _____

DATA ON REPORTER/REPORT

Report Date: _____ ☐ Mandatory Report ☐ Voluntary Report

Reporter's Name: _____
First Last

(If the reporter represents an institution, school, or facility, please indicate)

Reporter's Address: _____
Street and Number City/Town State Zip Code

Telephone Number: _____

Has reporter informed caretaker of report? ☐ Yes ☐ No

What is the nature and extent of injury, abuse, maltreatment, or neglect, including prior evidence of same? (Please cite the source of this information if not observed firsthand.)

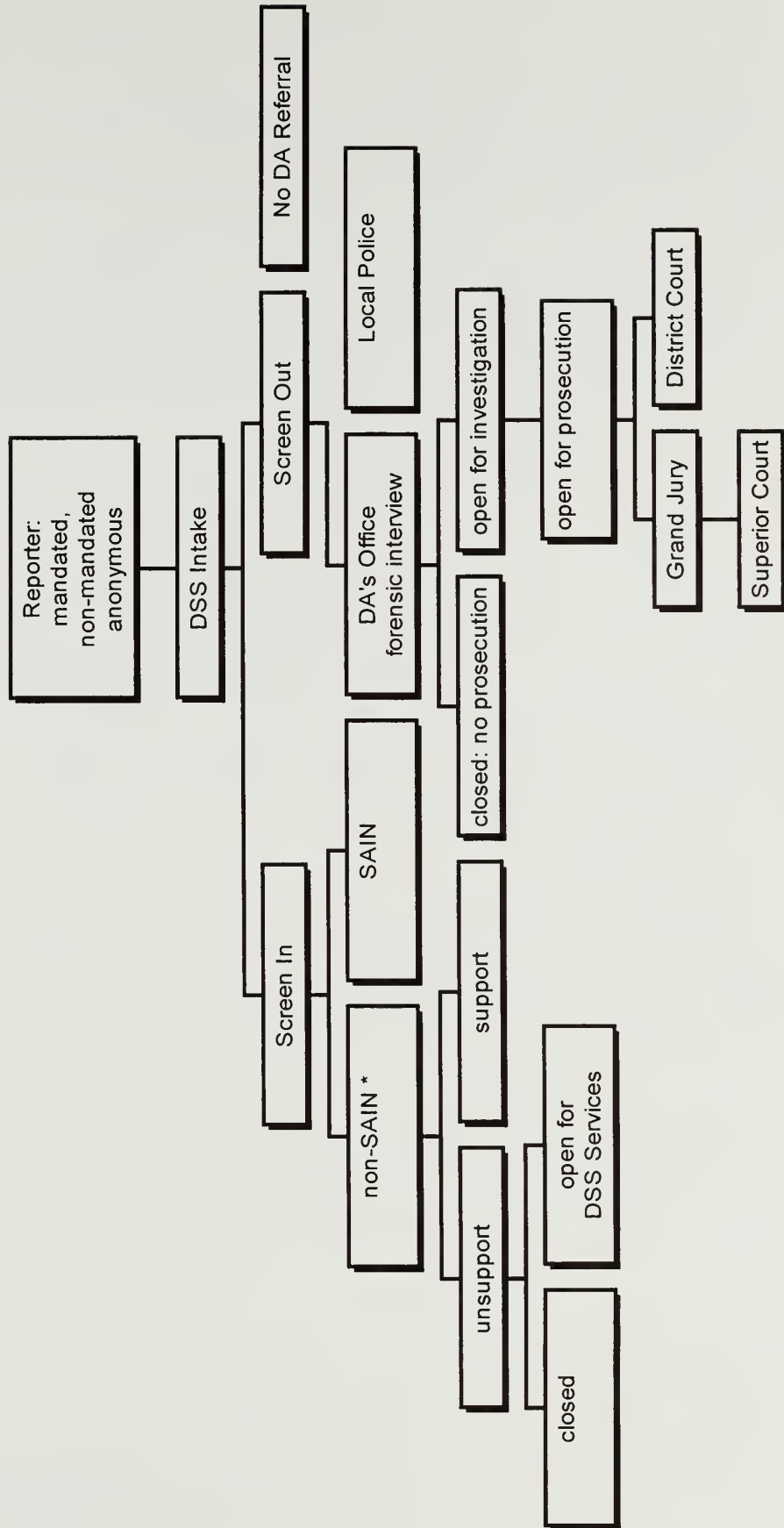
What are the circumstances under which the reporter became aware of the injuries, abuse, maltreatment, or neglect?

What action has been taken thus far to treat, shelter, or otherwise assist the child(ren) to deal with the situation?

Please give other information that you think might be helpful in establishing the cause of the injury and/or the person(s) responsible for it. If known, please provide the name(s) of the alleged perpetrator(s)?

Signature of Reporter: _____

What Happens When Suspected Child Abuse or Neglect is Reported



* SAIN - Sexual Abuse Investigation Network

GLOSSARY

ABUSE The non-accidental commission of any act by a caretaker upon a child under 18 which causes or creates a substantial risk of physical or emotional injury, or constitutes a sexual offense under the laws of the Commonwealth, or any sexual contact between a caretaker and a child under the care of that individual. This definition is not dependent upon location (i.e., abuse can occur while the child is in an out-of-home or in-home setting).

CARETAKER A child's parent, stepparent, guardian, or any household member entrusted with the responsibility for a child's health or welfare. Also any other person entrusted with the responsibility for a child's health or welfare whether in the child's home, a relative's home, a school setting, a daycare setting (including babysitting), a foster home, a group care facility, or any other comparable setting. The caretaker definition is meant to be constructed broadly and inclusively to encompass any person who is, at the time in question, entrusted with a degree of responsibility for the child. This specifically includes a caretaker who is him/herself a child (i.e., a babysitter under age 18).

CHILD Any person under the age of 18 years, not including unborn children.

EMOTIONAL ABUSE Refers to excessive, aggressive, or unreasonable behavior by a parent which places demands on a child which are above his/her capabilities. This may also include verbal attacks, humiliation, degradation or chronic rejection of the child.

IMMUNITY FOR CIVIL OR CRIMINAL LIABILITY States that no mandated reporter who suspects that a child is suffering from child abuse or neglect and who reports this suspicion to the Child Protection Team or the Department of Social Services shall be held liable in any civil or criminal action as a result of making this report.

NEGLECT Failure by a caretaker, either deliberately or through negligence or inability, to take those actions necessary to provide a child with minimally adequate food, clothing, shelter, medical care, supervision, emotional stability and growth, or other essential care; provided, however, that such inability is not due solely to inadequate economic resources or solely due to the existence of a handicapping condition. This definition is not dependent upon location (i.e., neglect can occur while the child is in an out-of-home or in-home setting).

MANDATED REPORTER Defined at M.G.L. c. 119, 51A and including: any physician; medical intern; hospital personnel engaged in the examination, care or treatment of persons; medical examiner; psychologist; emergency medical technician; dentist; nurse; chiropractor; podiatrist; osteopath; public or private school teacher; educational administrator; guidance or family counselor; day care worker or any person paid to care for or work with a child in any public or private facility, or home or program funded by the Commonwealth or licensed pursuant to the provisions of M.G.L. c. 28A, which provides day care or residential services to children or which provides the services of child care resource and referral agencies, voucher management agencies, family day care systems and child care food programs; probation officer; clerk/magistrate of the district courts; parole officer; social worker; foster parent; firefighter; or police officer, office for children licenser, school attendance officer, allied mental health and human services professional as licensed pursuant to the provisions of M.G.L. c. 112, 165, drug and alcoholism counselor, psychiatrist, and clinical social worker.

PHYSICAL ABUSE Refers to non-accidental injuries including burns, beatings, human bites, strangulation and other violence against a child.

REASONABLE CAUSE Means a basis for judgment that rests on specific facts which have been observed directly or obtained from reliable sources and that support the belief that a particular event probably took place or a condition probably exists.

REPORTABLE CONDITION Refers to a serious physical or emotional injury resulting from abuse or neglect, or the commission of an act by a caretaker with a child which constitutes a sexual offense under the criminal laws of the Commonwealth, or the physical dependence of a child upon an addictive drug at birth.

SUPPORT To find after an investigation that there is reasonable cause to believe a report that a child has suffered abuse or neglect inflicted by a caretaker.

UNSUPPORT To find after an investigation a lack of reasonable cause to believe a report that a child has suffered abuse or neglect inflicted by a caretaker.

RESOURCES FOR EDUCATORS

The following are organizations which can provide information on child abuse and neglect.

National Child Abuse Help Hotline

1-800-422-4453

National Center on Child Abuse and Neglect

P.O. Box 1182

Washington, DC

National Child Abuse Clinical Resource Center

C. Henry Kempe Center

University of Colorado

1205 Oneida Street

Denver, CO 80220

303-321-3963

National Resource Center for Child Abuse and Neglect

American Humane Association

9725 East Hampden Avenue

Denver, CO 80231

303-695-0811

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